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CONFIRMATION NO. 7911

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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/615,979 07/14/2000 PAT 6,599,258  
which is a CON of 08/924,555 08/27/1997 PAT 6,090,056

*CR*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NO NE CR*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/08/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	14	18	4
Verified and Acknowledged	<i>John D. Dohr</i> Examiner's Signature	Initials			

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## TITLE

Resuscitation device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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